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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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OCT 18 2021

M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations					
COODER FOODS INC					
SUBJECT: GOODER FOODS, INC. Name	of corporation	- must include suffix		_	
Dear Sir or Madam:					
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Stan	ding" and check are sub	et Business in Flori mitted to register th	ida," he	
Please return all correspondence concern	ing this matter	to the following:			
JENNIFER ZESZUT					
	Name of	Person			
GOODER FOODS, INC.					
	Firm/Com	pany			
415 RIVER STREET, SUITE A					
	Addro	288			202
SANTA CRUZ, CA 95060		<u> </u>	·	·	1 OCT
	City/State a	nd Zip code		\$	8- T
FINANCE@GOODERFOODS.CO				-1	
E-mail addres	s; (to be used f	or future annual report r	otification)		. F.
For further information concerning this r	natter, please c	call:			2:31
HEATHER BLACKMORE	at (336-4043			
Name of Person	Area Cod		hone Number	_	
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed is a check for the following am Please make check payable to: FLORIDA II \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT ng Fee & [FOF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate (Certified Co	of Status	&

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

GOODER FOOI	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
	orp," "Inc," "Co," or "Corp.")		
(If name unavails	ible in Florida, enter alternate corporate name ad	onted for the purpose of transacting business	in Florida)
DELAWARE	. 8.	5-3850729	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/10/2020	5		
(Date	of incorporation)	(Date of duration, if other than perpet	iual)
9/20/2021			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.		
415 RIVER STRE	EET, SUITE A, SANTA CRUZ, CA 95060		
·	(Principal office	street address)	
	(Current mailing	address, if different)	
	. II (Pt. id. a invest a cont. (P.O.	Dow MOT agrantable)	2021 9CT -
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	98
Name:	CT CORPORATION SYSTEM		多了
ffice Address:	1200 SOUTH PINE ISLAND ROAD		114 (2) 1151 (2)
	PLANTATION	, Florida ³³³²⁴	197 18 1987 2 9
	(City)	(Zip code)	\approx \sim

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Eric Jensen, Assistant Secretary, C T Corporation System
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other ☐ Chairman	Name:41 Address: SANTA CR	EARLE 5 RIVER STREET RUZ, CA 95060 ■ Treasurer □ Other	STE A	
Director □ President □ Vice President □ Secretary □ Other □ Chairman	Address:SANTA CF	RUZ, CA 95060 Treasurer		
□ President □ Vice President □ Secretary □ Other □ Chairman		■ Treasurer		
□Vice President □Secretary □Other		T reasurer		
□Secretary □Other		■ Treasurer		
□Other				
□Chairman		□Other		
				
□Director □President □Vice President □Secretary	Address:	□Treasurer	•	
Other		□Other	7.5	– ⇔
□Chairman □Vice Chairman □Director □President			- 1	PM 2:31
□Vice President				
☐ Secretary		□Treasurer		
or Officer r H above) affirms t	hat the facts st	ated herein are true	and that	he or
	□Director □President □Secretary □Other □Chairman □Vice Chairman □Director □President □Secretary □Other □Chairman □Director □President □Secretary □Other □Chment will be imagent of State Annual Report of State Constitution of Stat	□ Director □ President □ Vice President □ Secretary □ Other □ Chairman Name: □ Director □ President □ Vice President □ Vice President □ Secretary □ Other □ thment will be imaged for reporting that of State Annual Report form. or Officer r H above) affirms that the facts statement of State constitutes a third de	□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □	□ Director □ President □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Chairman Name: □ Other □ Oth

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GOODER FOODS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOODER FOODS, INC." WAS INCORPORATED ON THE TENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204131920

Date: 09-10-21

4096752 8300 SR# 20213218620